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(See Expedited Prior Authorization section, page 21a.)**

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Beds, Mattresses And Related Equipment

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in the nursing facility daily rate.	\$80.16	\$801.60
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$67.20	\$672.00
E0294	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$124.62	\$1,246.20
E0295	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$115.96	\$1,159.60
E0296	Hospital bed, full electric (head, foot, and height adjustments), without side rails, with mattress. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$156.62	\$1,566.20
E0297	Hospital bed, full electric (head, foot, and height adjustments), without side rails, without mattress. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$134.18	\$1,341.80

Procedure Code	Description	Rental (RR)	Purchase (1P)
0328E	Infant crib, steel or chrome-plate frame. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$195.17	\$1,951.73
0329E	Pediatric crib, 36" x 60," steel or chrome-plate frame. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$400.28	\$4,002.83
0330E	Adult crib, 39" x 85", steel or chrome-plate frame. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$389.55	\$3,895.50
0906E	Youth crib, 36" x 72" steel or chrome-plate frame. Requires prior authorization.	\$424.53	\$4,245.30
0931E	Low air loss mattress without bed frame. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental.	\$37.90/day	\$11,370.49
0196E	Low air loss mattress overlay. Requires prior authorization. Modifier required (RR or 1P). Deemed purchased after one years' rental.	\$27.55/day	\$8,264.03
0197E	Air fluidized flotation system including bed frame. Rental requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental.	\$95.40/day	\$28,620.00
0916E	Specialty heavy duty bed complete, including frame (i.e., Burke, Baricare, Magnum II, etc). For clients over 450 lbs. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental.	\$39.75/day	\$11,925.00

Procedure Code	Description	Rental (RR)	Purchase (1P)
0917E	V.A.C. (Vacuum Assisted Closure) unit & Mini V.A.C., includes all dressings, connector's and canisters. Rental only. Requires prior authorization.	\$99.46/day	
0918E	Vail 1000/2000 Enclosed Bed; includes manual adjustable bed, 42"X80" mattress, padded covered side rails, enclosure frame, pads and pad covers, canopy cover, custom padded side rails, bed skirts and border. Purchase only. Requires prior authorization. Included in nursing facility daily rate.		\$4,332.75
E0271	Mattress, inner spring. Included in nursing facility daily rate. Rental requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental.	\$21.19	\$211.78
E0197	Air pressure pad for mattress. Included in nursing facility daily rate. Rental requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental.	\$29.16	\$211.35
E0185	Gel or gel-like pressure pad for mattress. Included in nursing facility daily rate. Rental requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental.	\$42.86	\$305.09
0348E	Acrylic bubble top for crib, any size. Purchase only. Limit one per client every 5 years. Included in nursing facility daily rate.		\$484.95
E0190	Decubitus care mattress; includes flotation or gel mattress. Requires prior authorization. Modifier (RR or 1P) required. Included in nursing facility daily rate.	B.R.	B.R.

Procedure Code	Description	Rental (RR)	Purchase (1P)
A4640	Replacement pad for use with medically necessary alternating pressure pad <u>owned by patient</u> . Purchase only. Included in nursing facility daily rate.		\$54.05
E0180	Pressure pad, alternating with pump. Rental requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$20.58	\$205.80
E0181	Pressure pad, alternating with pump; heavy duty. For clients over 250 lbs. Rental requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$22.82	\$228.20
E0182	Pump for alternating pressure pad. Replacement purchase only. Included in nursing facility daily rate.		\$249.80
E0199	Dry pressure pad for mattress, standard mattress length and width. Purchase only. Included in nursing facility daily rate.		\$30.57
E0310	Bed side rails, full length, pair. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$19.83	\$185.18
E0305	Bed side rails, half length, pair. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$16.97	\$158.47

Other Patient Room Equipment

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0920	Fracture frame, attached to bed. Includes weights. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$40.70	\$407.00
E0930	Fracture frame, free-standing, includes weights. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$43.58	\$435.80
E0946	Fracture frame, dual with cross bars and loops, attached to bed (e.g., Balken, 4-poster). Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$56.43	\$564.30
E0947	Fracture frame, attachments for complex pelvic traction. Purchase only. Included in nursing facility daily rate.		\$491.69
E0948	Fracture frame, attachments for complex cervical traction. Purchase only. Included in nursing facility daily rate.		\$559.51
E0840	Traction frame, attached to headboard, simple cervical traction. Purchase only. Included in nursing facility daily rate.		\$69.89
E0860	Traction equipment, over-door, cervical. Purchase only. Included in nursing facility daily rate.		\$36.44
E0870	Traction frame, attached to footboard, simple extremity traction. Purchase only. Included in nursing facility daily rate.		\$110.94

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0890	Traction frame, attached to footboard, simple pelvic traction. Purchase only. Included in nursing facility daily rate.		\$114.95
E0910	Trapeze bar, bed mount with grab bar. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. Requires prior authorization.	\$17.82	\$178.20
E0940	Trapeze bar, free-standing, with grab bar. Modifier (RR or 1P) required. Rental requires prior authorization. Included in nursing facility daily rate. Deemed purchased after one years' rental.	\$33.16	\$331.60
E0621	Sling or seat, patient lift, canvas or nylon. Purchase only. Included in nursing facility daily rate.		\$91.56
0626E	Patient lift, screw drive, complete except for sling. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Including in nursing facility daily rate. Rental requires prior authorization.	\$126.13	\$1,261.31
E0630	Patient lift, hydraulic, with seat or sling. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$97.18	\$971.80
E0635	Patient lift, electric, with seat or sling. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. Requires prior authorization.	\$392.71	\$3,927.05
E0972	Transfer board or device. Purchase only. Included in nursing facility daily rate.		\$44.68

Positioning Devices

Procedure Code	Description	Rental (RR)	Purchase (1P)
0324E	Side-lying boards, up to 48" long with adjustable angle back boards and straps. Included in nursing facility daily rate. Purchase only.		\$336.25
0325E	Side-lying boards, up to 72" long with adjustable angle back boards and straps. Included in nursing facility daily rate. Purchase only.		\$715.46
0326E	Deluxe floor sitter/feeder seat, small. Includes floor sitter wedge, shoulder harness and hip strap. Limit of one per client every 3 years. Included in nursing facility daily rate. Purchase only.		\$237.55
0357E	Deluxe floor sitter/feeder seat, medium. Includes floor sitter wedge, shoulder harness and hip strap. Limit of one per client every 3 years. Included in nursing facility daily rate. Purchase only.		\$285.25
0368E	Deluxe floor sitter/feeder seat, large. Includes floor sitter wedge, shoulder harness and hip strap. Limit of one per client every 3 years. Included in nursing facility daily rate. Purchase only.		\$361.57
0414E	Hydraulic standing frame; includes padded seat, knee support, foot plates, foot straps, formed table and cup holder, hydraulic actuator and gray upholstery. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one year's rental. Included in nursing facility daily rate.	\$205.51	\$2,055.08

Procedure Code	Description	Maximum Allowable
0913E	High back activity chair (for child/adult 41"-70" tall). Includes adjustable footrest, two pairs of support blocks and hip strap. Limit of one per client every 3 years. Included in nursing facility daily rate. Purchase only.	\$476.05
0331E	Positioning system/supine boards, small. Includes padding, straps, adjustable armrests, footboard and support blocks. Limit of one per client every 5 years. Included in nursing facility daily rate. Purchase only.	\$1,633.73
0332E	Positioning system/supine boards, large. Includes padding, straps, adjustable armrests, footboard and support blocks. Limit of one per client every 5 years. Included in nursing facility daily rate. Purchase only.	\$1,820.55
0333E	Positioning block/wedge. Included in nursing facility daily rate. Purchase only.	\$23.11
0335E	Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps. Limit of one per client every 5 years. Included in nursing facility daily rate. Purchase only.	\$1,252.13
0336E	Prone stander, youth size (youth up to 58" tall). Includes padding, chest and foot straps. Limit of one per client every 5 years. Included in nursing facility daily rate. Purchase only.	\$1,721.18
0363E	Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps. Limit of one per client every 5 years. Included in nursing facility daily rate. Purchase only.	\$1,252.13
0364E	Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps. Limit of one per client every 5 years. Included in nursing facility daily rate. Purchase only.	\$1,943.78

Procedure Code	Description	Maximum Allowable
0904E	Adjustable standing frame. Includes 2 padded back support blocks, chest strap, pelvic strap, pair of knee blocks, abductor and foot blocks (for child/adult 30"-68" tall). Limit of one per client every 5 years. Purchase only.	\$1,093.13
0366E	Abductor wedge for prone stander for youth/adult up to 75" tall. Included in nursing facility daily rate. Purchase only.	\$93.73
0367E	Tray for all positioning equipment, any size. Included in nursing facility daily rate. Purchase only.	\$284.25

Noninvasive Bone Growth/Nerve Stimulators

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0730	Transcutaneous electrical nerve stimulator (TENS), 4 leads, large area/multiple nerve stimulation. Modifier (RR or 1P) required. Includes 4 lead wires, 4 electrodes, battery charger and gel. (See criteria for prior authorization requirements on rentals.) Purchase requires prior authorization.	\$35.35	\$353.45
0116E	TENS tape patches for use with carbon rubber electrodes <u>only</u> , each. Purchase only. Not allowed with A4595.		\$0.10
0118E	TENS supplies not otherwise classified. (Note: this code is not to be used for items such as skin wipes/creams, etc.). Requires prior authorization.		B.R.
0119E	TENS reusable electrodes, self-adhering; up to 2.5" round or 2" x 5" rectangular; each. Purchase only.		\$3.15
0121E	TENS reusable electrodes, self-adhering; 2" x 6" or larger, each.		\$5.61
0123E	TENS single use/disposable electrodes, each. Purchase only.		\$0.59
0124E	Lead wires, TENS unit, 4 lead, each. Purchase only.		\$17.82
A4630	Replacement batteries for medically necessary transcutaneous electrical nerve stimulator (TENS) owned by patient. Purchase only.		\$6.38
A4595	TENS supplies, 2 lead, per month (includes electrodes, any type), conductive paste or gel, tape or other adhesive, adhesive remover, skin prep materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if using rechargeable batteries). Two allowed per month with patient owned 4-lead TENS unit.		\$29.43

Procedure Code	Description	Rental (RR)	Purchase (1P)
A4558	Conductive paste or gel		\$5.57
0126E	TENS stand alone replacement battery charger, each. Purchase only. Not allowed with A4595.		\$13.45
E0747	Osteogenesis stimulator (noninvasive). Purchase only. (See criteria for prior authorization requirements.)		\$3,364.35
E0748	Osteogenic stimulator, electrical noninvasive, spinal applications. Purchase only. (See criteria for prior authorization requirements.)		\$3,342.55
0934E	Sonic accelerated fracture healing system. Modifier (RR) required. Rental only. (See criteria for prior authorization on rentals.) To be discontinued with dates of service on or after 11/01/00.	\$309.65	

Communication Devices

0232E	DynaVox 3100 with DSS, includes large color screen, 16MB memory card, built-in infrared ECU, application page sets, and word prediction capabilities, wt=7 lbs. Requires prior authorization.		\$5,945.75
0233E	DynaMyte 3100 with DSS, color screen, 16MB memory card, built-in infrared ECU, application page sets, and word prediction capabilities, wt=3.2 lbs. Requires prior authorization.		\$5,432.75
0209E	MACAW3 - Digitized speech, 32 keys. Purchase only. Requires prior authorization.		\$2,205.75
0210E	LightWRITER SL35 – Light touch keyboard and DECtalk speech with dual-liquid crystal displays. Purchase only. Requires prior authorization.		\$3,978.00
0211E	Alpha Talker 2 - Includes battery charger, 32-Location Keyguards, 7 Overlays, 2 Symbol Sheets. Purchase only. Requires prior authorization.		\$1,653.25

Procedure Code	Description	Rental (RR)	Purchase (1P)
0213E	Rigid wheelchair mount for communication device - For use with augmentative communication devices. Purchase only. Requires prior authorization.		\$416.93
0234E	Folding wheelchair mount for communication device – For use with augmentative communication devices. Purchase only. Requires prior authorization.		\$845.75
0100E	Artificial larynx, complete with battery, charger and carrying case. Purchase only.		\$594.15
0110E	Other unlisted communication devices. Provide complete description, including copy of manufacturer's product information and price catalog with request for authorization. Requires prior authorization. Purchase only.		B.R.

Ambulatory Aids

E0100	Cane; includes canes of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. Purchase only.		\$20.10
E0105	Cane, quad or three-prong; made of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. Purchase only.		\$46.85
E0110	Crutches, forearm; various materials, adjustable or fixed; with tips/handgrips; pair Included in nursing facility daily rate. Purchase only.		\$74.01
E0111	Crutches, forearm, all materials, each. Included in nursing facility daily rate. Purchase only.		\$50.80
E0112	Crutches, underarm, wood, adjustable or fixed, per pair, with pads, tips/handgrips. Included in nursing facility daily rate. Purchase only.		\$35.29
E0113	Crutch, underarm; wood; adjustable or fixed; each, with pad, tip and handgrip. Included in nursing facility daily rate. Purchase only.		\$20.15

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0114	Crutches, underarm; aluminum; adjustable or fixed; per pair, with pads, tips and handgrips. Included in nursing facility daily rate. Purchase only.		\$42.46
E0116	Crutch, underarm; aluminum; adjustable or fixed; each, with pad, tip and handgrip. Included in nursing facility daily rate. Purchase only.		\$22.72
A4635	Underarm pad, crutch, replacement, each. Included in nursing facility daily rate Purchase only.		\$4.88
A4636	Handgrip, cane, crutch, or walker. Included in nursing facility daily rate. Purchase only.		\$4.01
A4637	Replacement tip, cane, crutch, or walker. Included in nursing facility daily rate. Purchase only.		\$1.73
E0153	Platform attachment, forearm crutch, each. Included in nursing facility daily rate. Purchase only.		\$65.51
0115E	Heavy duty walker; folding (pickup), adjustable or fixed height (for clients 251 to 500 lbs). Included in nursing facility daily rate. Purchase only.		\$215.21
E0130	Walker; rigid (pickup), adjustable or fixed height. Included in nursing facility daily rate. Purchase only.		\$66.99
0134E	Walk aid with seat, wheels and wheel locks. Included in nursing facility daily rate. Purchase only.		\$395.91
E0135	Walker; folding (pickup), adjustable or fixed height. Included in nursing facility daily rate. Purchase only.		\$79.97
E0154	Platform attachment, walker, each. Included in nursing facility daily rate. Purchase only.		\$67.25
E0143	Folding walker, wheeled, without seat. Purchase only.		\$114.68
E0155	Wheel attachment, rigid up-right walker. Included in nursing facility daily rate. Purchase only.		\$25.59
E0157	Crutch attachment, walker, each. Included in nursing facility daily rate. Purchase only.		\$73.70

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0158	Leg extensions for a walker. Included in nursing facility daily rate. Purchase only.		\$30.69
0337E	Positioning walker, two-wheeled, pediatric/adult. Included in nursing facility daily rate. Purchase only.		\$146.28
0338E	Positioning walker, 4-wheeled; pediatric/adult. Included in nursing facility daily rate. Purchase only.		\$201.14
0349E	Positioning walker, 4-wheeled, brakes, seat. Included in nursing facility daily rate. Purchase only.		\$389.55
0127E	Glide breaks. Included in nursing facility daily rate. Purchase only.		\$39.75
0245E	Gait trainer, pediatric, 19 inch. Purchase only. Prior authorization required. Included in nursing facility daily rate.		\$1,037.48
0243E	Gait trainer, adult. Purchase only. Prior authorization required. Included in nursing facility daily rate.		\$1,454.85

Bathroom Equipment

All rentals require prior authorization.

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0163	Commode chair, stationary, with fixed arms. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$10.52	\$105.20
E0165	Commode chair, stationary, with detachable arms. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$17.72	\$177.20
E0166	Commode chair, mobile, with detachable arms. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$26.97	\$269.70
E0164	Commode chair, mobile, with fixed arms. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$17.30	\$173.03
0341E	Commode, 3-in-1. Included in nursing facility daily rate. Purchase only.		\$64.22
0246E	Commode, extra wide drop-arm. For clients over 250 lbs. Modifier (RR or 1P) required. Rental requires prior authorization. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$61.61	\$616.13
0339E	Extra wide commode (weight up to 400 lbs). Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$13.09	\$130.94
E0167	Pail or pan, for use with rental commode chair, or replacement pail or pan. Included in purchase price of commode. Included in nursing facility daily rate. Purchase only.		\$11.45

Procedure Code	Description	Rental (RR)	Purchase (1P)
0152E	Shower, hand-held. Included in nursing facility daily rate. Purchase only.		\$32.91
0922E	Extension legs, bath chairs. Purchase only.		\$94.61
0923E	Bath tub stand. Purchase only.		\$186.83
E0245	Tub stool or bench. Purchase only. Included in nursing facility daily rate.		\$82.39
0323E	Padded transfer bath bench, with or without commode cutout. Purchase only. Included in nursing facility daily rate.		\$143.38
0136E	Bath bench, transfer tub with back, adjustable height, with or without commode cutout. Included in nursing facility daily rate. Purchase only.		\$101.88
0137E	Bath seat without back. Included in nursing facility daily rate. Purchase only.		\$47.70
0138E	Bath seat with back, adjustable height. Included in nursing facility daily rate. Purchase only.		\$62.45
0924E	Heavy duty bath chair (for clients under 250 lbs.). Included in nursing facility daily rate. Purchase only.		\$158.21
0111E	Heavy duty shower/commode chair, wheeled (for clients over 250 lbs.). Caster style. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$104.94	\$1,049.40
0112E	Heavy duty transfer tub bench (over 250 lbs.). Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$47.30	\$473.03

Procedure Code	Description	Rental (RR)	Purchase (1P)
0133E	Padded wheeled, wheelchair style, shower commode chair. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$133.16	\$1,331.63
0307E	Reclining wheelchair style shower/commode chair. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one year's rental. Included in nursing facility daily rate.	\$166.55	\$1,665.53
0155E	Shower/commode chair, wheeled, wheelchair style. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$91.82	\$918.23
0907E	Rehab wheelchair style shower/commode chair. Requires prior authorization. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$97.98	\$979.76
0159E	Padded or unpadded shower/commode chair, wheeled, with casters. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate.	\$80.85	\$808.52
0352E	Adjustable bath/shower chair with back. Included in nursing facility daily rate. Purchase only.		\$64.55
0353E	Adjustable bath/shower chair with back, padded seat. Included in nursing facility daily rate. Purchase only.		\$434.44
0354E	Pediatric bath chair; includes head pad, chest and leg straps. Included in nursing facility daily rate.		\$425.33

Procedure Code	Description	Rental (RR)	Purchase (1P)
0908E	Positioning belt for shower/commode chair. Included in nursing facility daily rate. Purchase only.		\$31.80
E0242	Bath tub rail, floor base, each. Included in nursing facility daily rate. Purchase only.		\$32.40
0914E	Wrap-around bath support, small. Width 8.5", height adjusts from 8" to 12". Included in nursing facility daily rate. Purchase only.		\$285.41
0921E	Wrap-around bath support, medium. Width 12", height adjusts from 10" to 14.5". Included in nursing facility daily rate. Purchase only.		\$301.31
0355E	Youth bath chair, includes head pad, chest and leg straps. Included in nursing facility daily rate. Purchase only.		\$457.13
0356E	Adult bath chair, includes head pad, chest and leg straps. Included in nursing facility daily rate. Purchase only.		\$508.80
0153E	Grab bar, L-shaped (left or right), each. Included in nursing facility daily rate. Purchase only.		\$47.73
0154E	Grab bar, bath tub edge, each. Included in nursing facility daily rate. Purchase only.		\$40.62
E0241	Bathtub wall rail, each. Included in nursing facility daily rate. Purchase only.		\$20.67
0149E	Padded raised toilet seat. Included in nursing facility daily rate. Purchase only.		\$56.32
0157E	Toilet seat, raised, with mounting brackets. Included in nursing facility daily rate. Purchase only.		\$109.42
E0244	Raised toilet seat. Included in nursing facility daily rate. Purchase only.		\$38.57

Procedure Code	Description	Rental (RR)	Purchase (1P)
0350E	Toilet seat, multiposition. Included in nursing facility daily rate. Purchase only.		\$41.48
0158E	Toilet safety side frame with mounting brackets. Included in nursing facility daily rate. Purchase only.		\$42.61
0351E	Toilet rails, per pair. Included in nursing facility daily rate. Purchase only.		\$73.39
E0243	Toilet rail, each. Included in nursing facility daily rate. Purchase only.		\$52.42
0244E	Toilet support adult/child. Included in nursing facility daily rate. Purchase only.		\$467.40
0360E	Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back. Purchase only. Modifier (1P) required. Included in nursing facility daily rate.		\$1,143.85
0361E	Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back. Purchase only. Modifier (1P) required. Included in nursing facility daily rate.		\$1,334.65
E0275	Bed pan, standard, metal or plastic. Purchase only.		\$14.60
E0276	Bed pan, fracture, metal or plastic. Purchase only.		\$10.79
0114E	Lift, bath, hydraulic. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. Rental requires prior authorization.	\$79.06	\$790.63
0912E	Tub adapter for patient lift. Intended for use on non-fiberglass bath tubs. Purchase only.		\$555.11
E0325	Urinal; male, jug-type, any material. Purchase only. Included in nursing facility daily rate.		\$9.64

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0326	Urinal; female, jug-type, any material. Purchase only. Included in nursing facility daily rate.		\$10.02
0113E	Slider shower chair and tub frame bathing system. A rolling shower chair and removable tub frame with total lock casters, pull-out footrests, two swing-away arms, adjustable tension back, push handle, seat belt and padded commode seat with open front. Requires prior authorization. Modifiers (RR or 1P) required. Included in nursing facility daily rate. Deemed purchased after one years' rental.	\$100.57	\$1,005.68
0131E	Tilt-in-Space shower/commode chair, 30 degree tilt, height adjustable swing-away removable arms, elevating legrests, padded seat, back and arms, and pelvis and trunk support belt. Requires prior authorization. Modifiers (RR or 1P) required. Included in nursing facility daily rate. Deemed purchased after one years' rental.	\$133.56	\$1,335.60
0128E	Other unlisted bathroom accessories not otherwise listed. Provide complete description including copy of manufacturer's product information and price catalog with request for authorization. Requires prior authorization. Purchase only.		B.R.

BLOOD MONITORING

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0607	Home blood glucose monitor. Purchase only. Limit of one (1) per client, per three (3) years.		\$63.73
E0609	Specialized blood glucose monitor. Requires prior authorization. Purchase only. Limit of one (1) per client, per three (3) years.		\$554.74
A4660	Sphygmomanometer/blood pressure kit. Purchase only.		\$28.53
A4663	Blood pressure cuff only. Purchase only.		\$16.83
A4670	Automatic blood pressure monitor. Purchase only.		\$94.57

SUPPORT DEVICES/ORTHOTICS

Procedure Code	Description	Maximum Allowable
<i>All items in this category are for PURCHASE ONLY.</i>		
L0110	Cervical craniostenosis, helmet, nonmolded	\$117.84
L0120	Cervical, flexible, nonadjustable (foam collar)	\$26.76
L0140	Cervical, semi-rigid, adjustable (plastic collar)	\$64.56
L0172	Cervical collar, semi-rigid, thermoplastic foam, two piece	\$103.71
L0210	Thoracic, rib belt	\$33.49
L0300	TLSO, flexible (dorso lumbar surgical support). If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$173.60
L0500	LSO, flexible (lumbo-sacral surgical support). If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$136.76
L0515	LSO, flexible (lumbo-sacral surgical support) elastic type, with rigid posterior panel. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$154.83
L0600	Sacroiliac, flexible (sacroiliac surgical support) fitted. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$91.41
L0900	Torso support, ptosis support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$143.00
L0920	Torso support, pendulous abdomen support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$141.94
L0940	Torso support, post surgical support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$136.66

Procedure Code	Description	Maximum Allowable
<i>All items in this category are for PURCHASE ONLY.</i>		
L0960	Torso support, post surgical support, pads for post surgical support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$53.95
L0978	Axillary crutch extension	\$155.20
L0980	Peroneal straps, pair	\$14.05
L0982	Stocking supporter grips, set of four (4)	\$13.10
L1800	KO, elastic with stays	\$51.07
L1810	KO, elastic with joints	\$86.24
L1815	KO, elastic or other elastic type material with condylar pad(s)	\$88.90
L1820	KO, elastic with condylar pads and joints	\$109.10
L1825	KO, elastic knee cap	\$48.58
L1830	KO, immobilizer, canvas longitudinal	\$84.56
L1902	AFO, ankle gauntlet	\$74.04
L1906	AFO, multi ligamentus ankle support	\$90.96
L3650	SO, figure of eight design abduction restrainer	\$46.78
L3660	SO, figure of eight design abduction restrainer, canvas and webbing	\$76.07
L3670	SO, acromio/clavicular (canvas and webbing type)	\$86.99
L3700	EO, elastic with stays	\$58.34
L3710	EO, elastic with metal joints	\$91.50
L3908	WHO, wrist extension control cock-up, non molded	\$59.13
L3912	HFO, flexion glove with elastic finger control	\$93.59
L3914	WHO, wrist extension cock-up	\$73.56

Procedure Code	Description	Maximum Allowable
<i>All items in this category are for PURCHASE ONLY.</i>		
L3916	WHFO, wrist extension cock-up, with outrigger	\$99.68
L3918	HFO, knuckle bender	\$63.05
L3920	HFO, knuckle bender, with outrigger	\$82.77
L3922	HFO, knuckle bender, two segment to flex joints	\$96.50
L3924	WHFO, Oppenheimer	\$105.22
L3926	WHFO, Thomas suspension	\$73.03
L3928	HFO, finger extension, with clock spring	\$46.97
L3930	WHFO, finger extension, with wrist support	\$45.54
L3932	FO, safety pin, spring wire	\$40.25
L3934	WHFO, safety pin, modified	\$47.55
L3936	WHFO, Palmer	\$87.95
L3938	WHFO, dorsal wrist	\$90.47
L3940	WHFO, dorsal wrist, with outrigger attachment	\$106.09
L3942	HFO, reverse knuckle bender	\$57.52
L3944	HFO, reverse knuckle bender, with outrigger	\$77.82
L3946	HFO, composite elastic	\$87.45
L3948	FO, finger knuckle bender	\$41.14
L3950	WHFO, combination Oppenheimer, with knuckle and two attachments	\$130.26
L3952	WHFO, combination Oppenheimer, with reverse knuckle bender and two attachments	\$164.25

Procedure Code	Description	Maximum Allowable
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All items in this category are for PURCHASE ONLY.

L3954	HFO, spreading hand	\$89.89
L4350	Pneumatic ankle control splint (e.g., aircast)	\$74.45
L4380	Pneumatic knee splint (e.g., aircast)	\$104.19
L8000	Breast prosthesis, mastectomy bra	\$33.29
L8010	Breast prosthesis, mastectomy sleeve	\$58.89
L8300	Truss, single with standard pad	\$84.46
L8310	Truss, double with standard pads	\$118.29
L8320	Truss, addition to standard pad, water pad	\$45.03
L8330	Truss, addition to standard pad, scrotal pad	\$39.78

MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

Procedure Code	Description	Rental (RR)	Purchase (1P)
0170E	Breast pump, electric, complete system. Hospital grade. Modifier (RR) required. Rental only. (See criteria for prior authorization requirements.)	\$2.80/day	
0179A	Breast pump, manual, complete system. Purchase only.		\$30.76
0167E	Lightweight protective helmet/soft shell, including adjustable chin/mouth. Limit of two per client, per year. Included in nursing facility daily rate. Purchase only.		\$85.38
0168E	Lightweight, ventilated hardshell helmet, including unbreakable face bar, woven chin strap w/adjustable buckle and snap fastener, and one set of cushion pads for adjusting fit from 18" to 25" head circumference. Limit of two per client, per year. Included in nursing facility daily rate. Purchase only.		\$158.21
0169E	Bilirubin light, bili-lite pad. Limit of 5 days per client per 12-month period. Rental only.	\$3.99/day	
0181A	Breast pump kit, electric. Purchase only.		\$37.36
0903E	Gastric suction pump. Requires (RR) modifier. Requires prior authorization.	\$52.55	
E0650	Pneumatic compressor, nonsegmental home model. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. (See criteria for prior authorization on rentals.)	\$75.76	\$686.96

Procedure Code	Description	Rental (RR)	Purchase (1P)
0857E	Extremity sleeves (e.g., Jobst, B.R. Huntleigh). Purchase only.		80%
0132E	Orthopedic positioning car seat. (5 years and older) Included in nursing facility daily rate. Purchase only.		\$680.22
0935E	Continuous passive motion system, complete. Rental allowed for maximum of 10 days. Modifier (RR) required. (See criteria for prior authorization requirements).	\$21.68/day	
0936E	Continuous passive motion softgoods kit.		\$36.12
0937E	Diaphragmatic pacing antennae; Limit of 4 per client, per year.		\$204.00

OTHER CHARGES FOR DME SERVICES

Procedure Code	Description	Rental (RR)	Purchase (1P)
0938E	Warm-up active wound therapy system, all inclusive, includes wound cover, warming card, temperature control unit, AC adapter and power cord. Rental only. Requires prior authorization. To be discontinued with dates of service on or after 11/01/00.	\$74.00/daily	
0900E	Parts, other than wheelchairs. Requires prior authorization. Purchase only. Modifier (1P) required.		80%
0920E	Labor, other DME repairs, per quarter hour. Requires prior authorization. Purchase only.		\$15.76
0001E	Other nonlisted durable medical equipment not otherwise listed. Provide complete description including copy of manufacturer's product information and price catalog with request for authorization. Requires prior authorization. Modifier (RR or 1P) required.	B.R.	B.R.

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How to Complete the HCFA-1500 Claim Form

The HCFA-1500 (U2) (12-90) (Health Insurance Claim Form) is a universal claim form used by many agencies nationwide; a number of the fields on the form do not apply when billing MAA. (The numbered boxes on the claim form are referred to as *fields*.) Use the instructions below to fill out the HCFA-1500 form. **Please enter only one (1) procedure code per detail line (field 24A-24K). If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.**

**DO NOT WRITE, PRINT, OR STAPLE ANY ATTACHMENTS
IN THE BAR AREA AT THE TOP OF THE FORM.**

Field Description/Instructions

1a. Insured's I.D. No.: Required. Enter the Medicaid Patient (client) Identification Code (PIC) - an alphanumeric code assigned to each Medical Assistance client - exactly as shown on the medical assistance ID (MAID) card. This information is obtained from the client's current monthly MAID card and consists of the client's:

- a) First and middle initials (a dash [-] *must* be used if the middle initial is not available).
- b) Six-digit birthdate, consisting of *numerals only* (MMDDYY).
- c) First five letters of the last name. If there are fewer than five letters in the last name, leave spaces for the remainder before adding the tie breaker.
- d) An alpha or numeric character (tie breaker).

For example:

1. Mary C. Johnson's PIC looks like this:
MC010667JOHNSB.

2. John Lee's PIC needs two spaces to make up the last name, does not have a middle initial and looks like this:
J-100257LEE B.
3. A PIC for Mary C. Johnson's newborn baby would look like this:
MC010667JOHNSB and would show a **B** indicator in *field 19*.

NOTE: The MAID card is your proof of eligibility. Use the PIC code of either parent if a newborn has not been issued a PIC. Enter indicator **B** in *field 19*.

2. **Patient's Name:** Required. Enter the last name, first name, and middle initial of the Medicaid client (the receiver of the services for which you are billing).
3. **Patient's Birthdate:** Required. Enter the birthdate of the Medicaid client.
4. **Insured's Name (Last Name, First Name, Middle Initial):** When applicable. If the client has health insurance through employment or another source (e.g., private insurance, Federal Health Insurance Benefits, CHAMPUS, or CHAMPVA), list the name of the insured here. Enter the name of the insured except when the insured and the client are the same - then the word *Same* may be entered.

- 5. Patient's Address:** Required. Enter the address of the Medicaid client who has received the services you are billing for (the person whose name is in *field 2*.)
- 9. Other Insured's Name:** Secondary insurance. When applicable, enter the last name, first name, and middle initial of the insured. If the client has insurance secondary to the insurance listed in *field 11*, enter it here.
- 9a.** Enter the other insured's policy or group number *and* his/her Social Security Number.
- 9b** Enter the other insured's date of birth.
- 9c.** Enter the other insured's employer's name or school name.
- 9d.** Enter the insurance plan name or the program name (e.g., the insured's health maintenance organization, private supplementary insurance).
- Please note:** DSHS, Welfare, Provider Services, Healthy Kids, First Steps, and Medicare, etc., are inappropriate entries for this field.
- 10. Is Patient's Condition Related To:** Required. Check *yes* or *no* to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in *field 24*. ***Indicate the name of the coverage source in field 10d*** (L&I, name of insurance company, etc.).
- 11. Insured's Policy Group or FECA (Federal Employees Compensation Act) Number:** Primary insurance. When applicable. This information applies to the insured person listed in *field 4*. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and Medicaid pays as payor of last resort.
- 11a. Insured's Date of Birth:** Primary insurance. When applicable, enter the insured's birthdate, if different from *field 3*.
- 11b. Employer's Name or School Name:** Primary insurance. When applicable, enter the insured's employer's name or school name.
- 11c. Insurance Plan Name or Program Name:** Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. (*Note: This may or may not be associated with a group plan.*)
- 11d. Is There Another Health Benefit Plan?:** Required if the client has secondary insurance. Indicate *yes* or *no*. If *yes*, you should have completed *fields 9a.-d*. If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check *yes*. If **11d.** is left blank, the claim may be processed and denied in error.
- 17. Name of Referring Physician or Other Source:** When applicable, enter the referring physician or Primary Care Case Manager name.

17a. I.D. Number of Referring Physician: When applicable, 1) enter the seven-digit, MAA-assigned identification number of the provider who *referred or ordered* the medical service; OR 2) when the Primary Care Case Manager (PCCM) referred the service, enter his/her seven-digit identification number here. If the client is enrolled in a PCCM plan and the PCCM referral number is not in this field when you bill MAA, the claim will be denied.

19. Reserved For Local Use: When applicable, enter indicator **B** to indicate *Baby on Parent's PIC*. Please specify *twin A or B, triplet A, B, or C* here.

21. Diagnosis or Nature of Illness or Injury: When applicable, enter the appropriate diagnosis code(s) in areas 1, 2, 3, and 4.

22. Medicaid Resubmission: When applicable. If this billing is being submitted beyond the 365-day billing time limit, enter the ICN that verifies that your claim was originally submitted within the time limit. (The ICN number is the *claim number* listed on the Remittance and Status Report.)

23. Prior Authorization Number: When applicable. If the service or equipment you are billing for requires authorization, enter the nine-digit number assigned to you. Only one authorization number is allowed per claim.

24. Enter only one (1) procedure code per detail line (fields 24A - 24K). If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.

24A. Date(S) of Service: Required. Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., December 4, 1998 = 120498). **Do not use slashes, dashes, or hyphens to separate month, day, year.**

24B. Place of Service: Required. These are the only appropriate code(s) for Washington State Medicaid:

<u>Code Number</u>	<u>To Be Used For</u>
1	Inpatient hospital
2	Outpatient hospital
3	Office or ambulatory surgery center
4	Client's residence
5	Emergency room
6	Congregate care facility
7	Nursing facility (formerly ICF)
8	Nursing facility (formerly SNF)
9	Other

24C. Type of Service: Required. Enter a **9** or **R** as applicable for all services billed.

24D. Procedures, Services or Supplies

CPT/HCPCS: Required. Enter the appropriate Current Procedural Terminology (CPT) or HCFA Common Procedure Coding System (HCPCS) procedure code for the services being billed. **MODIFIER:** When appropriate enter a modifier.

24E. Diagnosis Code: Required. Enter the ICD-9-CM diagnosis code related to the procedure or service being billed (for each item listed in 24D). A diagnosis code is required for each service or line billed. Enter the code exactly as shown in ICD-9-CM.

24F. \$ Charges: Required. Enter your usual and customary charge for the service performed. If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax. Sales tax is automatically calculated by the system and included with your remittance amount.

24G. Days or Units: Required. Enter the total number of days or units (up to 999) for each line. These figures must be whole units.

25. Federal Tax I.D. Number: Leave this field blank.

26. Your Patient's Account No.: Not required. Enter an alphanumeric ID number, i.e., a medical record number or patient account number. This number will be printed on your Remittance and Status Report under the heading *Patient Account Number*.

28. Total Charge: Required. Enter the sum of your charges. Do not use dollar signs or decimals in this field.

29. Amount Paid: If you receive an insurance payment or client-paid amount, show the amount here, and attach a copy of the insurance EOB. If payment is received from source(s) other than insurance, specify the source in *field 10d*. Do not use dollar signs or decimals in this field or put Medicare payment here.

30. Balance Due: Required. Enter balance due. Enter total charges minus any amount(s) in *field 29*. Do not use dollar signs or decimals in this field.

33. Physician's, Supplier's Billing Name, Address, Zip Code and Phone #: Required. Put the *Name*, *Address*, and *Phone #* on all claim forms.

Group: This is the seven-digit number assigned by MAA to a provider group that identifies the entity (e.g., clinic, lab, hospital emergency room, etc.). When a valid group number is entered in this field, payment will be made under this number. NOTE: Certain group numbers may require a PIN number, in addition to the group number, in order to identify the performing provider.